



WHITE HOUSE DENTAL

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I, _____, acknowledge that I have received or can obtain a copy of this office's Notice of Privacy Practice. I understand that by signing this Consent form, I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

Signature

Date

If you are over the age of 18 please list anyone who you will allow us to discuss your treatment with. (Parents, Guardians, Family etc.)

Declinations

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
 - Communication barriers prohibited obtaining the acknowledgement
 - An emergency situation prevented us from obtaining acknowledgement
 - Other (please Specify)
- _____
